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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* CD \*\*\*\*\* no\*\* FOREIGN APPLICATIONS \*\*\*\*\* CD \*\*\*\*\* no

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> <u>129</u>	<b>INDEPENDENT CLAIMS</b> 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>[Signature]</u> Examiner's Signature <u>CD</u> Initials				

**ADDRESS**  
32074

## TITLE

SYSTEM AND METHOD FOR DETERMINING THE NTH STATE OF LINEAR FEEDBACK SHIFT REGISTERS

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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